



Procedure and Place of Service Policy Reimbursement Policy

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the procedure code or codes that correctly describe the health care services provided to individuals whose behavioral health benefits are administered by Optum, including but not limited to UnitedHealthcare members. This reimbursement policy is also applicable to behavioral health benefit plans administered by OptumHealth Behavioral Solutions of California.

Our behavioral health reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other procedure coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement. This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to services billed on the UB-04 claim form and to electronic claim submissions (i.e., 837p and 837i) and for claims submitted online through provider portals. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.*

This information is intended to serve only as a general reference resource regarding our reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, Optum may use reasonable discretion in interpreting and applying this policy to behavioral health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for behavioral health care services provided to members. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: member’s benefit coverage, provider contracts and/or legislative mandates. Finally, this policy may not be implemented exactly the same way on the different electronic claim processing systems used by Optum due to programming or other constraints; however, Optum strives to minimize these variations.

Optum may modify this reimbursement policy at any time by publishing a new version of the policy on this website. However, the information presented in this policy is accurate and current as of the date of publication.

**CPT® is a registered trademark of the American Medical Association*

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Applicability

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, to services billed on the UB-04 claim form and to electronic claim submissions (i.e., 837p and 837i) and for claims submitted online through provider portals. This policy applies to Commercial and Medicare products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.



Policy	
Overview	
<p>The Procedure and Place of Service policy addresses the reimbursement of Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes that are reported in a place of service (POS) considered inappropriate based on the code's description or available coding guidelines when reported by a physician or other health care professional.</p>	
Reimbursement Guidelines	
<p>Optum Behavioral Health will reimburse Evaluation and Management services when reported with an appropriate place of service (POS). Optum Behavioral Health aligns with The Centers for Medicare & Medicaid Services (CMS) POS Code set, which are two-digit codes submitted on the CMS 1500 Health Insurance Claim Form or its electronic equivalent to indicate the setting in which a service was provided. The website containing the POS Code set can be accessed via this link: CMS Place of Service Code Set</p> <p>Many CPT and HCPCS codes include a place of service (POS) in their description or in their coding guidelines which indicate the place(s) of service where the code may be performed. For example, CPT code 99234 (Observation/inpatient hospital care) would not be appropriate for reporting in an office or home POS because its code description identifies hospital inpatient or observation.</p> <p>Optum Behavioral Health has established a list of these CPT and HCPCS codes along with their appropriate places of service.</p> <p>Please refer to the list located in the code section below.</p>	
Definitions	
Place of Service	A two-digit code used on health care professional claims to indicate the setting in which a service was provided.

Questions and Answers	
1	<p>Q: Why aren't all CPT and HCPCS codes addressed in this policy?</p> <p>A: This policy addresses CPT codes that include a place of service (POS) in their description or in their coding guidelines and CPT codes specifically related to E/M codes codes. Codes that do not fit these criteria, are out of scope for this reimbursement policy.</p>
2	<p>Q: Where do the Place of Service codes come from?</p> <p>A: The Place of Service codes can be found on the CMS website and contains two-digit codes placed on health care professional claims to indicate the setting in which a service was provided. The Centers for Medicare & Medicaid Services (CMS) maintains POS codes used throughout the health care industry.</p>

Codes (Note: This list of representative codes is not intended as exhaustive of all relevant codes.)	
Code Range	Place of Service Codes
99202-99205	02-08,10, 11, 12,15-17, 19, 20, 22, 24, 26, 49, 50, 53, 57,62,65, 71, 72
99211-99215	02-08, 10,11, 12,15-17, 19, 20, 22, 24, 26, 49, 50, 53, 57,62,65, 71, 72
99221-99223	06, 08, 21, 25, 26, 34, 51, 52, 53, 55, 56, 61
99231-99233	02, 10, 06, 08, 21, 25, 26, 34, 51, 52, 53, 55, 56, 61
99234-99236	21, 22, 23, 24, 25, 26, 34, 51, 52, 53, 56, 61



99238-99239	06, 08, 19, 22, 21, 25, 26, 34, 51, 52, 53, 55, 56, 61
99281-99285	23
99304-99306	08, 31, 32, 33, 34, 51, 55, 56, 57
99307-99310	02, 10, 08, 21, 31, 32, 34, 51, 55, 56, 57
99341, 99342, 99344, 99345	04, 09,12,13, 14, 16, 31, 32, 33, 54, 55, 56, 61, 65
99347-99350	04, 09,12,13, 14, 16, 31, 32, 33, 54, 55, 56, 61, 65
99358-99359	02, 10, 03, 04, 05, 06, 07, 08, 11, 12, 15, 16,17, 19, 20, 22, 24, 25, 26, 49, 50, 53, 57, 62, 65, 71, 72

Resources

- American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
- Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
- Centers for Medicare and Medicaid Services, Place of Service Code Set

History / Updates

January, 2023	Updated Code Section; Remove 2023 deleted codes 99217-99220,-99324-99328, 99334-99337,99354-99357, 99337
February, 2022	Annual Anniversary Review; Added POS 10
January, 2021	Removed deleted code 99201
June, 2020	New Policy

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